

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1. (a) Name of Individual, Organization or Corporation American Bankers Association		3. FEC Identification Number C C30002851
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 1120 CONNECTICUT AVENUE		
(c) City, State and ZIP Code WASHINGTON DC 20036		
2. Occupation and Name of Employer (for Individual Filers Only)		

4. COVERED PERIOD:	FROM	M M / D D / Y Y Y Y Y Y 12 / 03 / 2020	THROUGH	M M / D D / Y Y Y Y Y Y 12 / 03 / 2020
5. IS THIS REPORT AN AMENDMENT?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, it amends the report filed on M M / D D / Y Y Y Y Y Y			
6. (a) DATE OF PUBLIC DISTRIBUTION(S)	M M / D D / Y Y Y Y Y Y 12 / 03 / 2020			
(b) COMMUNICATIONS TITLE	Perdue			
7. THE FILER IS:	(a) <input type="checkbox"/> an Individual (b) <input checked="" type="checkbox"/> a Corporation or Labor Organization making communications under 11 CFR 114.10			
	(c) <input type="checkbox"/> an Unincorporated Organization (d) <input type="checkbox"/> Other, specify:			
8. WERE THE DISBURSEMENTS MADE EXCLUSIVELY FROM DONATIONS TO A SEGREGATED BANK ACCOUNT?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9. CUSTODIAN OF RECORDS				
(a) Name	Coit, Elizabeth, , ,			
(b) Address (number and street)	1120 CONNECTICUT AVENUE			
(c) City, State and ZIP Code	WASHINGTON DC 20036			
(d) Name of Employer or Principal Place of Business	(e) Occupation American Bankers Association VP, National Political Director			
10. TOTAL DONATIONS THIS STATEMENT	0.00			
11. TOTAL DISBURSEMENTS/OBLIGATIONS THIS STATEMENT	1000000.00			

Under penalty of perjury I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Fallon, Laena, , ,

SIGNATURE

Fallon, Laena, , ,

DATE

[Electronically I

12/03/2020

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 52 U.S.C. § 30109.

List of Person(s) Sharing/Exercising Control
(use additional pages as necessary)

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12. Person(s) Sharing/Exercising Control**A.** (a) Name **Transaction ID : 202012b**

Fallon, Laena, , ,

(b) Address (number and street) 1120 CONNECTICUT AVENUE

(c) City, State and ZIP Code
WASHINGTON

DC 20036

(d) Name of Employer or Principal Place of Business
AMERICAN BANKERS ASSOCIATION(e) Occupation
Senior Advisor**B.** (a) Name

(b) Address (number and street)

(c) City, State and ZIP Code

(d) Name of Employer or Principal Place of Business

(e) Occupation

C. (a) Name

(b) Address (number and street)

(c) City, State and ZIP Code

(d) Name of Employer or Principal Place of Business

(e) Occupation

D. (a) Name

(b) Address (number and street)

(c) City, State and ZIP Code

(d) Name of Employer or Principal Place of Business

(e) Occupation

E. (a) Name

(b) Address (number and street)

(c) City, State and ZIP Code

(d) Name of Employer or Principal Place of Business

(e) Occupation

FEC Form 9 (REV. 01/2018)